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Critical Care

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NON-SEDATION IN THE ICU IS NON-INFERIOR TO TRADITIONAL MEANS OF SEDATION: A META ANALYSIS

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PURPOSE: We sought to perform a meta-analysis using retrospective studies comparing non-sedation with traditional sedation methods in the ICU. Traditional sedation methods have risk of side effects that may prolong time on the ventilator and in the ICU. The clinical utility of non-sedation as an alternative remains unknown. In the current climate of COVID-19 where there is a finite supply of sedatives, non-sedation can prove to be a non-inferior alternative.

METHODS: We performed a comprehensive literature search using Pubmed and Google Scholar for studies comparing non-sedation and traditional sedation methods between January 1, 2010 and April 14, 2020. Outcomes included hospital LOS, ICU LOS, ICU mortality, ventilator days, overall mortality, and self extubation. Results were reported as an odds ratio (OR) with 95% CI. A total of 3 retrospective and prospective studies were included comparing non-sedation and sedation in the ICU. A total of 904 patients were enrolled (average age 66.08 +/- 7.04 years, 45.8% males). These patients were divided into two groups: a sedation group (n=437) and non-sedation group (n=467).

RESULTS: Reduction was found with non-sedation in Hospital LOS (3 studies), ICU LOS (2 studies), ICU mortality (2 studies), and ventilator days (3 studies). Non-sedation was non-inferior in overall mortality and self-extubation.

CONCLUSIONS: Non-sedation appears to be a superior alternative to traditional sedation methods in the ICU.

CLINICAL IMPLICATIONS: Non-sedation appears to be a superior alternative to traditional sedation methods and can minimize medication side effects, hospital LOS, ICU LOS, ICU mortality, and ventilator days.

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